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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 37	TOTAL CLAIMS 82	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

21140

**TITLE**

FLUID DELIVERY SYSTEM HAVING A FLUID LEVEL SENSOR AND A FLUID CONTROL DEVICE FOR ISOLATING A PATIENT FROM A PUMP DEVICE

FILING FEE RECEIVED 5020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees	
		<input type="checkbox"/> 1.16 Fees ( Filing )	
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